

ELECTRONIC COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
5		1				
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TOTAL IND.	3					
TOTAL DEP.	12	↓	↓	↓	↓	↓
TOTAL CLAIMS	15	██████████	██████████	██████████	██████████	██████████

	*	*	*	*
	IND.	DEP.	IND.	DEP.
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100				
TOTAL IND.			↓	↓
TOTAL DEP.			↓	↓
TOTAL CLAIMS		██████████	██████████	██████████

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS